**Appendix 1 – Table 1. Comparison of GDP per capita and TB incidence and mortality rates between mid-high income Asian countries**

| Countries | GDP per capita (current US$) | | TB incidence rate | | TB mortality rate[1] |
|---|---|---|---|---|---|
| | 2000 | 2015 | 2000 | 2015 | 2015 |
| Japan | 38,532.0 | 34,523.7 | 36 | 17 | 2.5 |
| Brunei | 18,154.8 | 30,554.7 | 107 | 58 | 5.3 |
| Hong Kong | 25,756.7 | 42,327.8 | 102 | 71 | 2.6 |
| Macau | 14,127.6 | 78,585.9 | 120 | 72 | 6 |
| Korea, Rep. | 11,947.6 | 27,221.5 | 50 | 80 | 5.2 |
| Singapore | 23,792.6 | 52,888.7 | 51 | 44 | 1.4 |

Source: WHO Global TB report 2016; World Bank

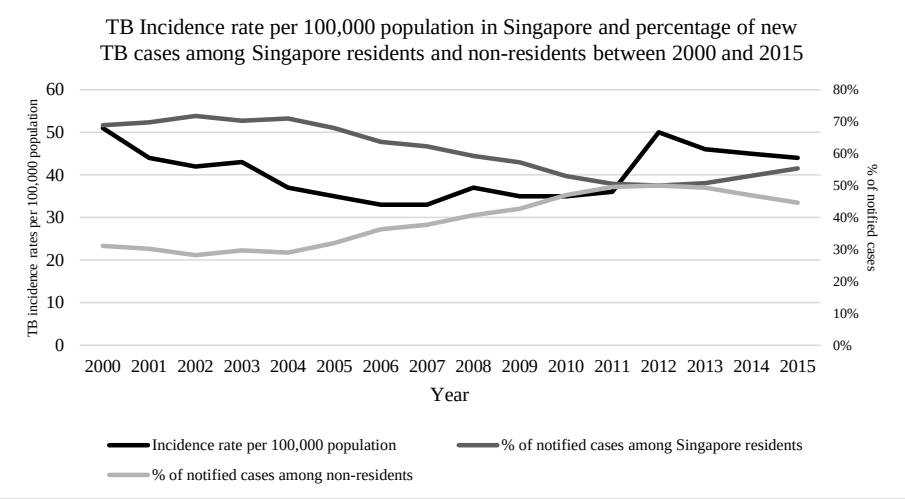
**Appendix 2 –Table 2. Comparison of Singapore TB policies and WHO Stop TB strategy**

| Components of Stop TB Strategy | Singapore TB policies | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | National TB Program (1957) | Mass BCG vaccination (mid-1950s) | National TB Notification Registry (1957) | Directly Observed Therapy Short-course (DOTS) | Singapore TB Elimination Program (STEP) (1997) | National Treatment Surveillance Registry | Infectious Diseases Act (2004) | Chest radiograph screening |
| Pursue high-quality DOTS expansion and enhancement | Case detection through laboratory support for<br>1) acid-fast bacillus smear examinations<br>2) myco-bacteriological cultures<br>3) drug susceptibility testing | | Collection and collation of data on TB incidence | 1) Carrying out standardized treatment at polyclinics<br>2) Outreaching DOTS to selected patients in their homes<br>3) Improving access to treatment through DOT/SHOP program | 1) Promotion of DOTS<br>2) Implementation of a National Treatment Surveillance Registry<br>3) Contact investigations and national policy of preventive therapy | Monitoring treatment progress for every notified TB patient until completion | 1) Legislation to ensure treatment completion by DOTS<br>2) Whoever makes diagnosis of TB is required to notify the MOH | |
| Address TB/HIV, MDR-TB and other challenges | | | | Addressing problems of TB patients from low-income household through DOT/SHOP program with SATA | 1) Preventing the emergence of MDR-TB<br>2) Contact screening including household and family members, and close contacts in workplace, and in congregate settings | Early detection of treatment defaulters so that they can be traced and followed-up closely | | Outsiders applying for student, work and long-term social visit pass are required to undertake TB screening |
| Contribute to health system strengthening | No matching results. | | | | | | | |
| Engage all care providers | | | Notification system includes:<br>1) TBCU<br>2) national university hospital<br>3) NGO (SATA)<br>4) Laboratories<br>5) Private practitioners | | | | | |
| Empower people with TB, and communities | | | | | TB public education programme<br>1) Emphasizing the knowledge of disease and elucidating the significance of treatment compliance by DOTS<br>2) Distribution of TB manual to the medical community | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Enable and promote research | | | | 1) Programme-based operational research (DOT/SHOP)<br>2) TB Summit Research Programme<br>3) SPRINT-TB | | | | |

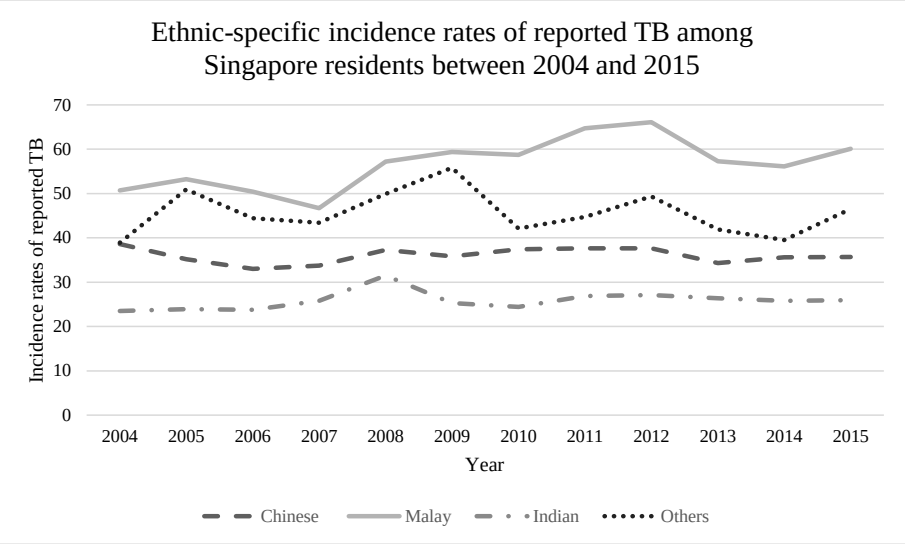
Source: WHO Stop TB Strategy; MOH clinical guideline on Prevention, Diagnosis and Management of TB 2016; SATA CommHealth DOT & SHOP;Chee Cynthia & Lyn James – STEP: the first five year

**Appendix 3 – Figure 1. TB Incidence rate per 100,000 population in Singapore and percentage of new TB cases among Singapore residents and non-residents between 2000 and 2015**



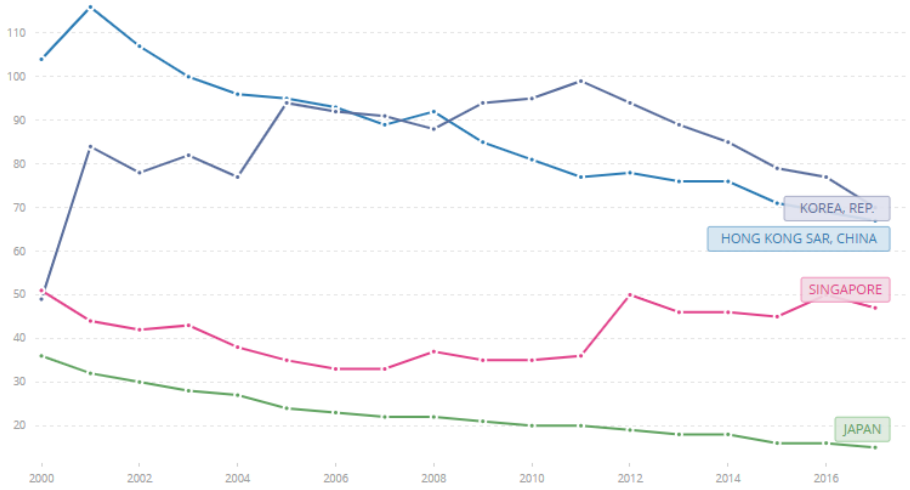

Source: World bank – WHO Global TB report; MOH – Communicable Disease Surveillance in Singapore 2000-2015

**Appendix 4 – Figure 2. Ethnic-specific incidence rates per 100,000 population of reported TB among Singapore residents between 2004 and 2015**




Source: MOH – Communicable Disease Surveillance in Singapore 2004-2015

**Appendix 5- Figure 3. Comparison of TB incidence trends between mid-high income Asian countries**




Source: World bank

**Formatted:** Font: Bold, Font color: Black, (Asian) Chinese (Taiwan), (Other) English (Hong Kong SAR)

**Formatted:** Font: Font color: Black, (Asian) Chinese (Hong Kong SAR), (Other) English (Hong Kong SAR)